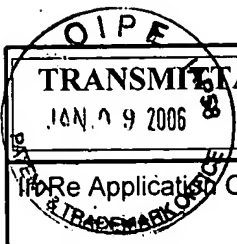


Tim 3738



<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))	Docket No. BAF-15202/29
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Re Application Of: **Bret A. Ferree**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/526,993	03/07/2005		25006	3738	6979

Title: **SHOCK-ABSORBING JOINT AND SPINE REPLACEMENTS**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:
- ☐ the statement specified in 37 CFR 1.97(e);
- OR**
- ☐ the fee set forth in 37 CFR 1.17(p).

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
BAF-15202/29

In Re Application of: **Bret A. Ferree**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/526,993	03/07/2005		25006	3738	6979

Title: **SHOCK-ABSORBING JOINT AND SPINE REPLACEMENTS**

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached. **07-1180**
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa
_____ (Date)
_____ Signature
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\*This certificate may only be used if paying by deposit account.

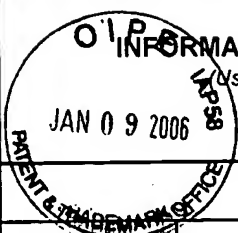
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<u>1-5-06</u> (Date)
<u>Sheryl Hammer</u> Signature of Person Mailing Correspondence
Sheryl Hammer
_____ Typed or Printed Name of Person Mailing Certificate

Dated: 1-4-06

John G. Posa  
Signature  
**John G. Posa, Reg. No. 37,424**  
**Gifford, Krass, Grob, Sprinkle,**  
**Anderson & Citkowski, P.C.**  
**P.O. Box 7021**  
**Troy, MI 48007-7021**  
**(734) 913-9300**

CC:

				ATTY DOCKET NO. <b>BAF-15202/29</b>		APPLICATION NO. <b>10/526,993</b>		
				APPLICANT(S) <b>Bret A. Ferree</b>				
				FILING DATE <b>03/07/2005</b>		GROUP ART UNIT <b>3738</b>		
				<b>U.S. PATENT DOCUMENTS</b>				
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
		5,358,525	10/25/1994	Fox et al.	623	18		
		3,648,294	03/14/1972	Shahrestani	3	1		
		4,932,969	06/12/1990	Frey et al.	623	17		
<b>U.S. PATENT APPLICATION PUBLICATIONS</b>								
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
		2002/0151978 A1	10/17/2002	Zacouto et al.	623	17.12		
<b>FOREIGN PATENT DOCUMENTS</b>								
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
		2 723 841	01/03/96	FR				
<b>OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)</b>								
EXAMINER					DATE CONSIDERED			

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.